

National Tattoo Association, Inc.

Membership Renewal

Membership Year _____

Fill out and mail back to us along with the appropriate fees (\$60.00 for single membership or \$75.00 for couple membership or \$90 for a family membership).

- Single Membership \$60 – you get a Membership Certificate & each of the (usually) 5 regular Issues & one Convention Issue Newsletter.
- Couple Membership \$75 – (consists of 2 people) – each gets own Membership Certificate – but you have to share the newsletters as we only send out one of each issue to designated address listed on membership form.
- Family Membership \$90 – (consists of 2 adults & children under the age of 18) – each gets own Membership Certificate – but you have to share the newsletters as we only send out one of each issue to designated address listed on membership form.

If you each wish to receive your own newsletters then you must each pay the \$60 single membership dues. Memberships run from July 1 - June 30. Make check payable to: NATIONAL TATTOO ASSOCIATION (in US FUNDS only). Mail this form and dues to: 485 BUSINESS PARK LANE - ALLENTOWN, PA. 18109 9120. If you have any questions call : (610) 433 7261.

NAME (1) FOR SINGLE MEMBERSHIP _____ **BIRTHDATE** _____

PROFESSIONAL NICKNAME (1) _____

NAME YOU WANT ON YOUR CERTIFICATE (1) (No studio name permitted) _____

EMAIL _____ Show name in membership listing? YES ___ NO ___

CHECK ONE: ARTIST ___ (YEARS TATTOOING _____) / ENTHUSIAST (FAN) ___ (WHO DID YOUR WORK? _____)

HOME ADDRESS _____ **CITY** _____

STATE _____ **NATION** _____ **ZIPCODE** _____

PHONE (____) _____ **FAX** (____) _____

MAY WE GIVE OUT YOUR HOME PHONE NO. OR ADDRESS? PHONE: YES ___ NO ___ ADDRESS: YES ___ NO ___

STUDIO NAME _____

STUDIO ADDRESS _____ **CITY** _____

STATE _____ **NATION** _____ **ZIPCODE** _____

PHONE (____) _____ **FAX** (____) _____

MAY WE GIVE OUT YOUR STUDIO PHONE NO. OR ADDRESS? PHONE: YES ___ NO ___ ADDRESS: YES ___ NO ___

WEBSITE ADDRESS _____

Would you like your website listed on the NTA website? YES ___ NO ___

Where do you want your newsletters sent? Home ___ Studio ___

Unchecked membership listing responses will be treated as a yes response.

If you would like to donate to the general NTA fund, the Col. Todd Hardship Fund, or the Uncle Bud Scholarship Fund you can just add the additional amount to your payment and send a note stating where you want the money placed.

Membership Renewal is also available online at... <http://nationaltattooassociation.com/wp/online-membership-application/>

Turn over to add couple membership and family membership info.

NAME (2) IF COUPLE MEMBERSHIP _____ **BIRTHDATE** _____

PROFESSIONAL NICKNAME (2) _____

NAME YOU WANT ON YOUR CERTIFICATE (2) (No studio name permitted) _____

EMAIL _____ Show name in membership listing? YES ____ NO ____

CHECK ONE: ARTIST ____ (YEARS TATTOOING _____) / ENTHUSIAST (FAN) ____ (WHO DID YOUR WORK? _____)

FAMILY MEMBERSHIP NAMES (Children under the age of 18):

NAME #1 _____ NAME ON CERTIFICATE #1 _____

Birthdate _____ Show name in membership listing? YES ____ NO ____ If Yes Name For Listing _____

NAME #2 _____ NAME ON CERTIFICATE #2 _____

Birthdate _____ Show name in membership listing? YES ____ NO ____ If Yes Name For Listing _____

NAME #3 _____ NAME ON CERTIFICATE #3 _____

Birthdate _____ Show name in membership listing? YES ____ NO ____ If Yes Name For Listing _____

NAME #4 _____ NAME ON CERTIFICATE #4 _____

Birthdate _____ Show name in membership listing? YES ____ NO ____ If Yes Name For Listing _____